

Demographic Section – NF PAE

- Scan all documents required for submission of the PAE before starting the process.
- Please group attachments and submit as one document rather than scanning individual pages.
- Please complete page 5 of the paper PAE - Physician's Signature page and use as an attachment.

Create a NF PAE

- Locate **Basic Tasks** (in left-hand Navigation Pane column).
- Select **"Submit to my Preferred Projects."**
- If a "Submit Tree" pops up, choose "Long Term Care"
 - Click the word **"CHOICES"** to begin the PAE.

Hospice Question: Must choose "No" to move forward with PAE. Hospice is not an LTC service.

Applicant Section

- Complete Applicant full name, social security number and date of birth, address, and phone.
- Review data entered to ensure that all information is correct.

Submission/Service Request Section:

- Select "Nursing Facility."
- Reimbursement Level - Select: Lev 1, Lev 2, Chronic Ventilator, or Tracheal Suctioning.
- In the "Submission Request Type" drop-down box, select the appropriate type of PAE.
 - Change in Current LOC
 - Current CHOICES Member, current PAE effective date ending
 - Hospice (cannot choose)
 - New CHOICES Member
- Enter Admission Date.
- Select Request Safety Determination
 - Yes
 - No-Check the Attestation box
- Applicant Currently Residing in NF (Yes or No).
 - If applicant is currently residing in a NF, enter Discharge Expectation selection.
- Provider Information-type Provider name in box marked **"enter value to find here."**
- Enter Provider Fax Number (**this is a required field**).

Evaluation Details

- Locate the “**Request Info Tab.**”
 - Enter PAE REQUEST DATE for Medicaid-reimbursed long-term care services. DHS Add Date and DHS Eligibility Date may be added if known but is not a requirement.
- Locate **Designee Information.**
 - If designee is known, fill out Designee Name, Address, and Phone Number.

NOTE: If the applicant does not have a designee, the box indicating Designee Not Provided must be checked before proceeding.

- Take note of the following language in TPAES designating that an “*Applicant MUST identify the person that s/he wants to receive information about this application OR signify in writing that s/he only wants notices to be sent to her/him. This PAE applicant has signified in writing that he/she wants notices to be sent only to him/her. The submitter of this PAE has a copy of this signed waiver on file.*”